MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-016732
STATE FILE NUMBER

Registration District No. 187 Primary Registration District No. 3040 Registrar's No. 109

FILED MAY 1 1963

DO NOT WRITE ON THIS STUB — AMENDED

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Rev. 4/59

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DATE AMENDED | ITEM NO. | SHOULD READ | INSTEAD OF

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS:

BY AFFIDAVIT OF DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH
a. COUNTY: Livingston
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Chillicothe
Length of stay in 1b:
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Sunset Nursing Home
Inside Limits: Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Livingston
c. CITY OR TOWN: Chillicothe
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 1302 Clay Street
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First John Middle William Henry Last Plaster

4. DATE OF DEATH: Month April Day 23 Year 1963

5. SEX: Male

6. COLOR OR RACE: White

7. Married ☐ Never Married ☐ Widowed ☐ Divorced ☒

8. DATE OF BIRTH: 6-22-1881

9. AGE (last birthday): 81
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HR: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country): City-Billings, Mont. Carroll Co. Mo. USA

12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: John Garrett Plaster

13b. MOTHER'S MAIDEN NAME: Lucy Jane McCracken

14. NAME OF HUSBAND OR WIFE: Amanda Young

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of servi: No

16. SOCIAL SECURITY NO.

17. INFORMANT Address: Mrs. R. L. Ashford; Chillicothe MO

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Cerebral, Hemorrhage.
INTERVAL BETWEEN ONSET AND DEATH: 2 days.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c):

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

MEDICAL CERTIFICATION

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Jan 10-61 to Apr. 23-63 and last saw him alive on Apr. 20-63
Death occurred at eight fifteen P. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Joseph O. Conrad M.D.

22b. ADDRESS: Chillicothe, Mo

22c. DATE SIGNED: Apr. 30 63

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 4-25-63

23c. NAME OF CEMETERY OR CREMATORY: Blue Mound

23d. LOCATION (City, town, or county) (State): Livingston County, Mo.

24. FUNERAL DIRECTOR ADDRESS: Norman Funeral Home; Chillicothe, Missouri

25. DATE RECD. BY LOCAL REG.: April 30, 1963

26. REGISTRAR'S SIGNATURE: Annalee Taylor

(Licensed Embalmer's Statement on Reverse Side)

MAY 20 1963

Date handed to Dr. 4/23/63
Date rec'd from Dr. 4/30/63
Date duly signed 4/30/63

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Elton F. Norman.

Licensed Embalmer No. 4036

P. O. Address Chillicothe, Missouri

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.